

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF CHARLIE WILSON

Full Name (Last, First, Middle Initial)

**A. JOSEPH ELCOCK**

Mailing Address 102 MAIN STREET

City  
TILTONSVILLEState  
OHZip Code  
43963Purpose of Disbursement  
SEMI-MONTHLY SALARY

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.10247

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	6

Amount of Each Disbursement this Period

2445.38

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. ELLSWORTH FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 62

City  
EVANSVILLEState  
INZip Code  
47708Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 08

Transaction ID: SB17.10185

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	6

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. ERB ELECTRIC CO**

Mailing Address 500 HALL ST

City  
BRIDGEPORTState  
OHZip Code  
43912Purpose of Disbursement  
INSTALL NEW OFFICE PHONE LINES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.9912

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	0	6

Amount of Each Disbursement this Period

316.70

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

4762.08

TOTAL This Period (last page this line number only) .....